

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041965

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 68

Primary Registration District No. 5266

Registrar's No. 66

FILED NOV 29 1962

VS 300
Rev. 4/5910220
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Christian</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Arkansas</i> b. COUNTY <i>Stone</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Finley Township</i>		c. CITY OR TOWN <i>Mt. View</i>	
Length of stay in lb <i>Instant</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hi. #65, .7 mile So. #14</i>		d. STREET ADDRESS (If outside, give location) <i>no street address</i>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Adron</i> Middle <i>Anthony</i> Last <i>Balentine</i>		4. DATE OF DEATH Month <i>November</i> Day <i>20</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/3/1893</i>
9. AGE (last birthday) <i>69</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Dairy & Stockman</i>	
11. BIRTHPLACE (City and state or country) <i>Mt. View, Arkansas</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Benjamin Balentine</i>		13b. MOTHER'S MAIDEN NAME <i>Mary (Unknown)</i>	
14. NAME OF HUSBAND OR WIFE <i>Edna B. Vannatter</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. IF YES, give war or dates of service		17. INFORMANT <i>Mrs. Edna Balentine, Mt. View, Arkansas</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crushing injuries to head, chest, back broken</i> DUE TO (b) <i>Automobile accident</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Left right leg severed below knee</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>the deceased walked in front of a car on Highway #65</i>	
20c. TIME OF INJURY Hour <i>approx 6:00 p.m.</i> Month, Day, Year <i>.7 mile South of #14 in Finley Township</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>on Highway #65</i>	20f. CITY, TOWN, OR LOCATION <i>Finley Twp.</i>		
COUNTY <i>Christian</i>		STATE <i>Missouri</i>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <i>approx 6:00 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alan Harris</i>		22b. ADDRESS <i>Christian Co. Ozark, Missouri</i>	
22c. DATE SIGNED <i>11/21/1962</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>11/21/1962</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Poor Dog Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Onia, Arkansas</i>		23e. DATE RECD. BY LOCAL REG. <i>Nov. 21, 1962</i>	
24. FUNERAL DIRECTOR <i>North Arkansas Funeral Home, C. Arkansas</i>		26. REGISTRAR'S SIGNATURE <i>Mary Kaufman</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 27 1962

MAY 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained, Dec. 21, 1962.

J. D. K.